

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/857,873

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
101		1						51				
102		1						52				
103		1						53				
104								54				
105								55				
106								56				
107								57				
108								58				
109								59				
110								60				
111								61				
112								62				
113								63				
114								64				
115								65				
116								66				
117								67				
118								68				
119								69				
120								70				
21								71				
22								72				
23								73				
24								74				
25								75				
26								76				
27								77				
28								78				
29								79				
30								80				
31								81				
32								82				
33								83				
34								84				
35								85				
36								86				
37								87				
38								88				
39								89				
40								90				
41								91				
42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	3							TOTAL IND.				
TOTAL DEP.	100	→		→		→		TOTAL DEP.				
TOTAL CLAIMS	103	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097857873

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44	/					
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/				
52		/			
53	/				
54		/			
55	/				
56		/			
57	/				
58		/			
59	/				
60		/			
61	/				
62		/			
63	/				
64		/			
65	/				
66		/			
67	/				
68		/			
69	/				
70		/			
71	/				
72		/			
73	/				
74		/			
75	/				
76		/			
77	/				
78		/			
79	/				
80		/			
81	/				
82		/			
83	/				
84		/			
85	/				
86		/			
87	/				
88		/			
89	/				
90	/				
91	/				
92		/			
93	/				
94		/			
95	/				
96		/			
97	/				
98		/			
99	/				
100	/				
TOTAL IND.	13		↓		
TOTAL DEP.	98		↔		↔
TOTAL CLAIMS	98				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

10f2